

Appendix C: IDIS Access Request Form

The pdf version of this document was produced using Adobe 4.0 software. To open and print it properly, you must have the Adobe 4.0 Reader installed on your computer. This is a free download. To obtain it, go to:

<http://www.hud.gov/acrobat.cfm>

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IDIS Access Request

01212003

This form is to be completed by the recipient's (or grantee's) chief executive officer or designated representative. **Send notarized original to your local HUD CPD Field Office.**

Privacy Act Statement: Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect all the information which will be used by HUD to protect disbursement data from fraudulent actions. The purpose of the data is to safeguard the Integrated Disbursement and Information System (IDIS) from unauthorized access. The data are used to ensure that individuals who no longer require access to IDIS have their access capability promptly deleted. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide the information requested on the form may delay the processing of your approval for access to IDIS.

Action

New Request ☐ Renew Lapsed ID ☐ Drop From IDIS ☐
Add Access To Another Grantee ☐ Change Name/Functions/Grantee ☐

Information

Authorized User's Name (Last, First, MI):	E-mail Address:
Social Security Number (SSN):	Office Phone:
Office Address:	CPD Use: UOG Code:
Grantee Organization's Name:	I am with a: City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Sub Grantee <input type="checkbox"/> *

Please Mark All Necessary Functions:

Authorized Functions Set Up Activity ☐ Request Drawdown ☐
Approve Drawdown ☐ Local IDIS Administrator ☐

Program Areas CDBG ☐ HOME ☐ ESG ☐ HOPWA ☐

Note: Every IDIS user can view activities and generate reports even if no functions are authorized.

Authorization

Authorized User's Signature	Date
Field Office Approval (CPD Director or Designee):	Date
(NOTE: You can't authorize yourself, only your CEO or "grant holder" can.)	
I authorize the person above to access IDIS, with the functions checked. (Typed please)	
Notary (signature and date):	

Approved by: Name: Office Phone: () - ext.
Title:
Office Address: (Street, City, State, Zip)
Approving Official's Signature Date:

* Approval of State Subgrantee Request - CPD State Coordinator or State Official name, signature, and date:
Name: Signature: Date:

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)